Creating, Implementing and Assessing a PACT Training Program Within the Minneapolis Health Care System

December 18, 2013
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Outline

• Timeline
• Content
• Training
• Lessons Learned
• Challenges
• Evaluation
Audience Poll

• I am a **member** of a PACT
  Yes___  No___

• I **teach** PACT concepts or skills to others
  Yes__  No__
Chief, MSP Primary Care Service Line gives the charge
Chief, Primary Care Service Line gives the charge

PACT Education Group (PEG) selected, forms

- **Chief, General Medicine (MD)**
- **Clinic Director (RN)**
- Health Behavior Coordinator (PhD)
- Educators (RN x 2)
- Pharmacist
- RN Case Managers (3)
- MSA Supervisor
- Front line MDs (2) with education and facilitation training
- CBOC Director (MD)
- CBOC Clinic Director (RN)
2010
Las Vegas

2011
Chief, Primary Care Service Line gives the charge
PACT Education Group (PEG) selected, forms

2012
Vision, Mission, Charter Created
“Every PACT team exceptionally prepared to transform the delivery of primary care”

“To develop a comprehensive, standardized curriculum to train Mpls VAMC staff about The Patient Aligned Care Team Model”
Las Vegas

2010

Chief, Primary Care Service Line gives the charge

2011

PACT Education Group (PEG) selected

PEG forms

Vision, Mission, Charter Created

Teamlets* Created
- MSP (24)
- CBOC (21)

n = ~230 individuals

*1 teamlet = MD, RN, LPN, MSA
2010
Las Vegas

Chief, Primary Care Service Line gives the charge

2011
PACT Education Group (PEG) selected
PEG forms
Vision, Mission, Charter Created
Teamlets Created
Curricular Content Determined
  - VACO charge
  - Local (Delphi)

2012
2010
- Las Vegas

2011
- Chief, Primary Care Service Line gives the charge
- PACT Education Group (PEG) selected
- PEG forms
- Vision, Mission, Charter Created
- Teamlets Created
- Curricular Content Determined
- Share Point Created
Las Vegas

Chief, Primary Care Service Line gives the charge

PACT Education Group (PEG) selected

PEG forms

Vision, Mission, Charter Created

Teamlets Created

Curricular Content Determined

Share Point Created

Training begins

Weekly Meetings (PEG + Teams)
Las Vegas

Chief, Primary Care Service Line gives the charge

PACT Education Group (PEG) selected

PEG forms

Vision, Mission, Charter Created

Teamlets Created

Curricular Content Determined

Share Point Created

Training begins

Team Effectiveness Coaches Trained (4)
Las Vegas

Chief, Primary Care Service Line gives the charge

PACT Education Group (PEG) selected

PEG forms

Vision, Mission, Charter Created

Teamlets Created

Curricular Content Determined

Share Point Created

Training begins

Team Effectiveness Coaches Trained (4)

Coaches Assigned to Teamlets (1:3)
Poll slide

• I have personally participated in a PACT training activity       Yes___ No ___
Leadership

PACT Principles

Teamwork
2011

- Team Effectiveness Coaches Trained (4)

Centers of Excellence Training

- Foundations of Team Effectiveness (TDM-based) (8hrs)

2012

- "PACT Essentials" (4hrs)

2013

- VISN 23 Training #1 (8hrs)
- VISN 23 Training #2 (8hrs)
- VISN 23 Training #3 (8hrs)

- Coaches assigned to teamlets (3:1)
- Coaches meet monthly (MSP).
- Book given to coaches: "Understanding Teamwork In Healthcare"
2011

PACT PRINCIPLES

“PACT 101” (LMS)

Centers of Excellence Training (2 days)

-TEACH – Motivational Interviewing (8 hrs)
-Secure Messaging (TMS, Course) (1 hr)

2012

(4 hrs) “PACT Essentials”

2013

VISN 23 Training #1 (8 hrs)
VISN 23 Training #2 (8 hrs)
VISN 23 Training #3 (8 hrs)
**Leadership**

- **Leadership session #1**
  - PACT Leaders named
  - Charge from PC Chief
  - Live (MSP+CBOC) (6hrs)
  - Books to leaders: "Improving Primary Care"
  - Books to coaches: "Change Leaders Roadmap"
  - "Facilitating with ease"

- **Leadership session #2**
  - Live (MSP) + V-Tel(CBOC) (120 min)

- **Leadership session #3**
  - (120 min)

Job description for leaders
2011
- Team Coaches Trained
- COE training
- Foundations of Team Effectiveness (TDM-based)
  - PACT Principles
- "PACT 101" (LMS)
- COE training
- TEACH
- Motivational Interviewing
- Secure Messaging
- PACT Essentials
- Leadership session #1
- Leadership session #2
- Leadership session #3
Evaluation

2012
- Team Coaches
- Coaches Meet

2013
- VISN 23 Training #1
- VISN 23 Training #2
- VISN 23 Training #3
Evaluation

Leadership
- PACT Leaders Identified: Charge from PC Chief
Lessons Learned

If I had six hours to chop down a tree, I’d spend the first four hours sharpening the axe.

~ Abraham Lincoln
Lesson 1: Create a Clear Vision (And Some Urgency)

Small steps count
Lesson 2: Assemble & Support the Right People
Lesson 3: Nurture Relationships & Promote Open, Honest Group Communication
Lesson 4:
Seek and Utilize Existing PACT Education Resources
Lesson 5: Watch for Information
From VACO and VISN re: PACT
Lesson 6:
Take Initiative.
Create Your Own Opportunities.
Lesson 7: Encourage The Teachers and Teams

- Performance Pay
- PACT Recognition

Protected Time
- Teams (meet, train)
- Teachers
- Coaches

Motivation
A little less food, shorter naps & you can do it Tuxedo! I know you can!
Lesson 8: Manage the Process Effectively

Weekly
Success

What people think it looks like

Success

What it really looks like
Challenges

• Staff
  – Buy-in, resistance
  – Turnover
• Getting teams to meet
• Leaders
  – Buy-in, skills
Challenges

• Communication
  – Mixed messages, on/off training: VACO, VISN

• Patient input
Outcomes

- PACT Recognition (VACO)

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<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
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<tbody>
<tr>
<td>CBOC</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>MNPLS</td>
<td>3</td>
<td>14</td>
</tr>
</tbody>
</table>
Resources

• References
• PDF files
• Hyperlinks
Poll Question

• I consider my knowledge of PACT practice model to be:
  – None or very little
  – Moderate
  – A great deal
Research-Operations Partnership

• Develop a Leadership Training Program
  General Leadership Expertise + Front-Line Perspective

• Identify Optimal Methods of Training Delivery

• Evaluate Training Intervention Effectiveness

• Identify and Overcome Barriers to On-The-Job Training Application

Minneapolis PACT Education + VISN 23 Demonstration Laboratory
Face-to-Face vs Virtual Training

At end of virtual session 25 of 34 participants provided open-ended responses
11 expressed frustration with the virtual delivery or preference for face-to-face
Satisfaction vs Application

<table>
<thead>
<tr>
<th>Evaluation Magnitude</th>
<th>Concurrent Participant Reactions (N=36, 34)</th>
<th>Retrospective On-the-Job Application (N=36, 44)</th>
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<tbody>
<tr>
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<td>4.4</td>
<td>3.6</td>
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<td>4.1</td>
<td>3.3</td>
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Barriers to On-the-Job Application

• Staffing & Employee Turnover
  “for us, we have new staff, new physicians, and new nurses: that’s another reason we don’t have an effective group”

• Leadership Harmony
  “really wish that nursing and provider directors had this training to understand what we are trying to accomplish—they tend to clash trying to attain goals in the old model vs. what we are trying to accomplish in the new model”
Key Conclusions from Evaluation

• Preference for face-to-face
• On-the-job application is difficult
• Structural and leadership barriers
  Remember it is team-based training
• Benefits of Operations-Research Partnerships
  – Focuses research on relevant issues, provides access
  – Provides operations with ongoing feedback, assesses value of ongoing efforts
Assessing a PACT Training Program within the Minneapolis Health Care System

Craig S. Roth, M.D. (Craig.Roth@va.gov)

References


Other documents in PDF format available upon request:

2. PACT Training Sessions, VISN 23, #1, #2, #3.
4. “PACT Leadership Curriculum”, Minneapolis VAHCS, Sessions 1-3, Oct 2012, Feb 2013, and May 2013. PDF for each of the three sessions with handouts of slides.
FOUNDATIONS OF TEAM EFFECTIVENESS

We are excited to offer this 1-day workshop is to all (new and existing) VISN 23 teams. It is a great way to establish a solid foundation as a team, using key learning modules to strengthen team cohesion, communication, role clarity and goals and means clarity.

Facilitated by Team Effectiveness Coaches (TECs) at each facility with the support of TEC Mentors, this program is interactive and designed to help teams explore how they work together and build a Team Effectiveness Plan for ongoing success.

This session is designed for all team members to participate together in order to get maximum value from the learning experience. The experience is not a presentation. Rather, it encourages a large amount of team discussion and decision-making regarding work processes and results. Therefore, involvement of all team members is essential.

Contact any facility TEC or your Education department to schedule a session. Team leaders are asked to work with a facility TEC to coordinate your session and the completion of important pre-work that sets the stage for success.

Pre-work – Team Development Measure™

Team members are asked to complete a short (15 minute) online questionnaire to establish a baseline measure that gauges where the team is in terms of stages of development progress and growth. This survey—Team Development Measure™—supports best practices in team development specific to health care.

Workshop Learning Objectives

Upon completion of this workshop, team members will be able to:

■ Utilize the Team Development Measure® (TDM) as a standard assessment tool for momentum
■ Describe the four stages of team effectiveness and associated behaviors that lead to success
■ Set initial team goals, build cohesiveness and strengthen trust among team members
■ Identify communication styles and the importance of valuing diversity and adapting for results
■ Build role clarity by mapping the patient experience to identify points of service and responsibilities
■ Complete a Team Effectiveness Action Plan to strengthen all levels of effectiveness
AGENDA

8:00AM – 4:30PM

Section 1: Welcome & Team Effectiveness Model
- Welcome, Introductions, Learning Objectives
- Stages of Team Effectiveness
- Activity: Team Assessment Results (TDM)
- Building a Team Effectiveness Action Plan

Section 2: Cohesiveness
- Warm-Up: Team Perceptions
- Who We Are: Team Purpose and Goals
- Team Culture & Relationships
- Behaviors that Establish Trust
- Activity: Communication & Trust Building

Section 3: Communication
- Warm-Up: The Value of Effective Communication
- Team Diversity: Styles & Communication
- Style Review & Learning
- Activity: Adapting for Results

Section 4: Role Clarity
- Warm-Up: The Patient Experience
- Awareness of Team Roles
- How Roles Support Patient Care
- Activity: Integration Planning

Section 5: Goals & Means Clarity
- Warm-Up: Our Team's Vision
- Setting Performance Goals & Defining Priorities
- Ongoing Team Evaluation
- Activity: Final Team Effectiveness Action Plan
<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
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<tbody>
<tr>
<td>08:00 - 08:10</td>
<td>Introductions/Agenda Review</td>
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<tr>
<td>8:10am - 8:30am</td>
<td>Mindfulness Exercise</td>
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<tr>
<td>8:30am - 09:15 am</td>
<td><strong>Module 1 A: Patient Centered Care</strong></td>
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<tr>
<td>09:15 – 10:25 am</td>
<td><strong>Module 2A: High Performing Teams</strong></td>
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<td>10:25am - 10:40am</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>10:40 am – 11:00am</td>
<td><strong>Module 2A Cont’d:</strong></td>
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<tr>
<td>11:00am – 12:00</td>
<td><strong>Module 3A: Group facilitation</strong></td>
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<tr>
<td>12:00pm – 1:00pm</td>
<td><strong>LUNCH (on your own)</strong></td>
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<tr>
<td>1:00pm-1:40 pm</td>
<td><strong>Module 3B: Access</strong></td>
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<tr>
<td>1:40pm – 2:00 pm</td>
<td><strong>Module 4A: Care Management &amp; Transitions</strong></td>
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<tr>
<td>2:00 pm – 3:00pm</td>
<td><strong>Module 4B: Data &amp; Tools</strong></td>
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<tr>
<td></td>
<td>• PACT Toolkit &amp; How To Use It</td>
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<td></td>
<td>• PACT Almanac/PACT Compass</td>
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<td></td>
<td>• Team Planning Time/Group Exercise</td>
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<td></td>
<td>• Team Building</td>
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<td>(review paper copies of Almanac/Compass/CAN Scores)</td>
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<td>3:15pm – 3:30pm</td>
<td><strong>BREAK</strong></td>
</tr>
<tr>
<td>3:30pm – 4:00pm</td>
<td><strong>Module 4 C: Care Management &amp; Transitions</strong></td>
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<tr>
<td>4:00pm</td>
<td><strong>ADJOURN</strong></td>
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## Program Schedule: MPLS PACT Training Session 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
<th>Faculty Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 - 08:30</td>
<td>Introductions/Agenda Review</td>
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</tbody>
</table>
| 8:30am - 10:00am | **Motivational Interviewing-Part I**  
- Overview, Spirit, 4 principles |              |
| 10:00am - 10:15 am | **BREAK** |              |
| 10:15am - 12:00 pm | **Motivational Interviewing-Part I**  
- 4 Processes overview  
- OARS  
- Practice |              |
| 12noon- 1:00 pm | **Lunch (On your own)** |              |
| 1:00 pm - 2:30 pm | **Group Work: (New Models of Care /Care Transitions Map)** |              |
| 2:30 pm - 2:45 pm | **BREAK** |              |
| 2:45 pm - 3:45 pm | **Module 5A**  
5A part 1: Content: 10 minutes/ Practice Redesign  
Activity: 20 minutes  
5A part 2: Practice redesign  
Content: 20 Minutes  
Activity: 40 minutes- Introduce Team launch Workbook &AIRM Statement template  
Discussion of best practices |              |
| 3:45 pm - 4:30 pm | **Wrap up and next steps** |              |
Hi Craig,

There is no handbook or guidance on Sessions 3 & 5. We create our own, sort of.

What happened is that the VISN curriculum for sessions 2 & 4 is 12 hours, while sessions 3 & 5 were open sessions of 3-4 hours. What we did instead, was to make sessions 2 & 4 8 hours each for logistical reasons (e.g. closing clinics), and then we rolled what was left from sessions 2&4 into sessions 3 & 5, and made those 8 hours instead of 4, so that we end up with 5 8-hour sessions, equaling 40 hours. (instead of alternating 12 and 4 hour sessions). We also rolled 2 hours of MI into session 3, and will again in session 5, so all staff can complete the 4 hours of MI training while at PACT training, and not have to attend that separately.

So, I am pretty OCD, and of course keep everything, so I have the agenda for PACT training session 3 right in front of me. It includes MI for the morning (actually was 4 hours with breaks), the transitions Care Map (remember the pictures of fragmented care, where we read the cards, and the picture of integrated care), and then some work on system redesign, module 5A also from session 2.

I have the agendas for PACT sessions 2 & 3 right on my computer, so have attached them. I likely have the agenda for session 1 somewhere as well, let me know if you want that as well.

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Staff Psychologist, Health Behavior Coordinator
Primary Care-Mental Health Integration (PCMHI)
Minneapolis VA Health Care System
One Veterans Drive (116A)
Minneapolis, MN 55417
Craig.helbok@va.gov

Hi Craig,
Thanks again for your input at the meeting Monday morning.

I am having trouble finding the content of learning session 3 that you and Peter presented to our PACTs. I checked the VISN Share Point, and I may have overlooked it. Do you know how I could find that content? I have copies of the coaches handbooks for presentations 1 & 2, but was not sure if there was such a document for session #3 (the companion text/facilitators guide used with DVDs).

Sorry to bother you with this. I wish I was more organized.

Thanks,
# PACT Essentials

## PACT Essentials Training

**Instructors:** Jan James, Jennifer Reinardy, Lori Pawelski, Ken Engelhart

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>8:00-8:30</td>
<td>The Daily Huddle---Jan, Jennifer, Lori, Ken</td>
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<tr>
<td>8:30-8:45</td>
<td>Telephone Care Notes and Encounter Forms---Jennifer</td>
</tr>
<tr>
<td>8:45-9:15</td>
<td>Navigating the Primary Care Almanac and PACT Compass---Ken</td>
</tr>
<tr>
<td>9:15-9:30</td>
<td>How to Achieve VACO PACT Recognition---Ken</td>
</tr>
<tr>
<td>9:30-10:00</td>
<td>Questions and Refreshment Break</td>
</tr>
<tr>
<td>10:00-10:45</td>
<td>Team Charter and Goals---Jan James</td>
</tr>
<tr>
<td>10:45-11:15</td>
<td>PACT Weekly Meetings---Ken</td>
</tr>
<tr>
<td>11:15-12:00</td>
<td>Improvement in Clinic Access with PACT---Lori</td>
</tr>
<tr>
<td>12:00-12:15</td>
<td>Questions</td>
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Leadership Curriculum
Minneapolis PACT Education Committee
(Draft Proposal June 2012)

Aim: Develop and support leadership abilities in PACT teams to facilitate practice transformation.

Premises:
1. Leadership abilities must be intentionally developed, and can always be improved with instruction, reflection and coaching.
2. There is great wisdom in a group.

Participants
1. Designated leaders of every Primary Care PACT team in the Minneapolis VA Healthcare System (required attendance).

Teaching methods:
1. Based upon principles of adult learning theory (i.e. relevant, practical, highly interactive, learner-centered, safe environment, clear ground rules).
2. Short didactics.
3. Facilitated small group discussions.

Initial Curriculum

SESSION #1
Location: Minneapolis, Bldg #9 lower level.
Date: October 2012
Presenter/facilitator: Dr. Greg Stewart, University of Iowa
Length: 4-6 hours (9:00-3:30)

I. Foundations of Influence and Leadership (2 hours)
   A. Strong Man, Economic, Transformational, and Empowering Perspectives
   B. Personal Power and Soft Influence Tactics (rational persuasion, inspiration) over Positional Power and Strong Influence Tactics (coercion, intimidation)

II. Transformational Leadership (2 hours)
   A. Creating a vision
   B. Helping others stretch

Other activities: (suggested by PEG):
- Introduce team coaches and their roles
- Forum to share "best practices" and challenges
- Build relationships, trust, matrix of group (beginning of ongoing series)
- Veteran-centric learning map. Introduce with plan to take back to their PACTs.
Leadership Curriculum
Minneapolis PACT Education Committee
(Draft June 2012)

SESSION #2
Location: Webinar/call-in
Date: November
Presenter/facilitator: Dr. Greg Stewart, University of Iowa
Length: 90-120 minutes

III. Empowering Leadership  (social learning –Bandura-confidence)
   A. Modeling appropriate behavior
   B. Building follower confidence
   C. Tapping into the power of teams*

SESSION #3
Location: Webinar/call-in
Date: December
Presenter/facilitator: Dr. Greg Stewart, University of Iowa
Length: 90-120 minutes

IV. Contingency Perspectives (when to be active and when to be more passive)
   A. Matching leadership to situations
   B. Balancing leadership approaches

OTHER suggestions by PEG:
- Booster sessions (?quarterly). Best practices (with invited guests such as the TN physician).
- Annual face-to-face session for sharing ideas.
"Help! I'm supposed to lead a PACT"

Leadership Development Training
Sponsored by the Minneapolis PACT Education Committee

October 25 (and repeated on Oct 26), 2012

Location: Building #9, Minneapolis VA Health Care System Campus

9:00 Welcome, Introductions, Training Overview, (Dr. Craig Roth, Dr. Michael Koopmeiners)

9:30 Experiential Exercise: Leaders and Followers?

10:00 Video Discussion: Models of Leadership

11:00 Experiential Exercise: Power and Influence

12:00 Lunch (On your own)

1:00 Video Discussion: Transformational Leadership

1:45 Application Experience: Crafting a Leadership Vision

2:30 Applying Leadership in PACTs (Craig)

3:30 Adjourn

Greg L. Stewart, PhD
Team and Formative Evaluation Core Leader, VISN23 PACT Demonstration Laboratory
Henry B Tippie Research Professor of Management, University of Iowa
gregory.stewart2@va.gov
Upon completion of this series, participants will be able to:

1. Discuss ways leaders influence others.
3. Identify and describe their personal leadership style and its' strengths and challenges.
4. Describe elements of an inspiring team vision.
5. List ways to help others stretch.
6. Describe strategies for building follower confidence and accessing the power residing in teams.
7. Discuss why leadership needs to adapt to match situations.
Influence Tactics
(Continued)

- Coalition Tactics
  - getting aid and thereby pressure from others
- Pressure Tactics
  - demands, threats, intimidation
- Upward Appeals
  - approval of and assistance from above
- Exchange Tactics
  - offers of rewards and benefits

Sources of Power

- Reward
- Coercion
- Legitimate
- Referent
- Expert
- Information

Research Findings

- Influence Tactics
  - Positive: Rational persuasion, consultation, inspirational appeal
  - Negative: Pressure

- Power Sources
  - Referent is strongest and most consistent
  - Expert has some positive effect
A Key to Leadership

Influence is best maintained by

PERSON-BASED POWER &
SOFT INFLUENCE TACTICS

Which are methods that allow individuals to retain
volition over their own actions

Transformational Leadership

THE BIG IDEA...

Effective leaders get followers to connect
and work together for a larger cause and
accomplish more than what is usually
expected

Dimensions of Transformational Leadership

Idealized Influence/ Charisma
- Role models, sense of mission
Inspiration
- Gives perspective, emotional appeals
Intellectual Stimulation
- Encourage creativity, innovation
Individualized Consideration
- Cares, personal relationships
Charisma

• Items
  • Displays sense of power and confidence
  • Goes beyond self-interests for group good
  • Emphasizes a collective sense of mission
• Followers aspire to be like the leader
• Engenders trust

Inspiration

• Items
  • Talks optimistically about the future
  • Expresses confidence that we will achieve goals
  • Articulates a compelling vision of future
• Links past, present, and future to past
• Creates a need for action
• Ties the individual to the group

Intellectual Stimulation

• Items
  • Gets me to look at problems from many angles
  • Suggests new ways of looking at our jobs
  • Re-examines critical assumptions
• Refuses to accept status quo
• Develops high expectations
• Allows individualism
Individualized Consideration

Items
- Treats me as an individual
- Focuses on developing my strengths
- Spends time teaching and coaching me
- Develops a personal link with each
- Creates a sense of belonging

A Key to Leadership

Effective leaders connect with and transform followers

1. Show confidence without self-interest
2. Create vision of the bigger picture
3. Hold others to high expectations
4. Take a genuine interest in others

Followers take action because of a desire to improve.

Elements of a Motivating Vision

- Simple and clearly understandable
- Challenging and idealistic, while realistic and achievable
- Appeals to values, emotions, and ideals
- Forward-looking, while based on present
Identifying A Good Vision
- Easy to understand and grasp?
- What are the common values it is built upon?
- What images are used?
- What picture of the future is painted?
- How are individuals connected to the message?

Steps to Change
- Establish sense of urgency
- Build powerful coalition
- Create a vision
- Constantly communicate vision
- Remove obstacles
- Assure short-term wins
- Don't stop too soon
- Reinforce the change

A Key to Leadership
- Guide followers by creating and communicating a clear vision
  1. Keep it simple
  2. Make it believable
  3. Link it to core values

Followers take actions because they see clear possibilities
INFLUENCE

Below is a series of questions about the ethics of influence. Your task as a team is to decide if each of these forms of influence is ethical. You must come to a group consensus about the ethics of each question. This means that you need to discuss the issue until you can all agree about the ethical nature of the influence attempt. There can be no voting, etc. You must come to the point where everyone in the group agrees that the influence attempt is either appropriate or inappropriate.

1. Twenty years ago a man stole a fairly large sum of money from his employer. He was never suspected of the crime. He continued working for the employer and saved enough money to pay back the employer. He has confided in you that he intends to anonymously return the money. He claims that he has not stole anything else in the past 20 years. He has become a relatively important leader within the company, and is a well respected citizen of the community. Should you try to convince the man to not only return the money but also to turn himself into the authorities?

2. A medical doctor has a 7-year-old patient with severe neurological malfunctions. These malfunctions make it so that the child will never be able to pursue normal activities such as walking, eating, etc. The child is also likely to die if he does not receive a heart transplant. A donor heart has just become available, and the child is next on the waiting list. However, the doctor also knows of another potential recipient whom she believes can benefit more from the heart. Is it appropriate for the doctor to try influencing the parents of the 7-year-old patient not to pursue the transplant?

3. A friend of yours is continuously borrowing small sums of money from you. This friend never pays you back. One day you are in a store and your friend asks to borrow $5. You have the money, but your friend does not know this. If you loan the money to your friend you are quite certain that you will never see it again. Is it acceptable to lie to your friend and say that you just don’t have any money?
CREATING A VISION

Analysis
1. What common values did he use in the speech? [SEE]
   - INCLUSIVE
   - RELIGIOUS
   - KEEP PROMISES
   - PAY DETS
   - FAIR

2. What images did he use in the speech? [CHECK]
   - JOINING hands of people of all races/ethnicities
   - FROM COAST TO COAST - EVERYONE

3. How does he paint a picture of the future?
   - MORE FREEDOM
   - LESS HATRED/INEQUALITY

4. How does he connect with specific listeners?
   - ALL GUNNERS - COME FROM A VARIOUS RACIAL, RELIGIOUS

Application
1. What are some common values that members of your PACT share? [RESPECT]
   - ENTITLEMENT -
   - EARNED INCOME
   - RELATIONSHIP
   - CARING INTEGRITY
   - FAIRNESS

2. What images can you use to capture your vision for effective care for veterans?
   - TEAM DIVERSITY PULL TOGETHER

3. How would you describe your picture of an ideal future?
   - JUST GET THE CARE THEY NEED (NOT MORE OR LESS) WHEN THEY NEED
   - THE RIGHT CARE AT THE RIGHT TIME FOR EVERY PATIENT

4. What can you do to connect with specific individuals who are members of your PACT?
   - ASK BE CURIOUS ABOUT THEM AS WELL
   - WE VALUE OUR DIVERSITY
   - WE ARE UNITED
   - EQUALITY VALUE - MORE INCLUSIVE
I HAVE A DREAM SPEECH

Martin Luther King, August 28, 1963

I am happy to join with you today in what will go down in history as the greatest demonstration for freedom in the history of our nation.

Five score years ago, a great American, in whose symbolic shadow we stand today, signed the Emancipation Proclamation. This momentous decree came as a great beacon light of hope to millions of Negro slaves who had been seared in the flames of withering injustice. It came as a joyous daybreak to end the long night of their captivity.

But one hundred years later, the Negro still is not free. One hundred years later, the life of the Negro is still sadly crippled by the manacles of segregation and the chains of discrimination. One hundred years later, the Negro lives on a lonely island of poverty in the midst of a vast ocean of material prosperity. One hundred years later, the Negro is still languishing in the corners of American society and finds himself an exile in his own land. So we have come here today to dramatize a shameful condition.

In a sense we have come to our nation's capital to cash a check. When the architects of our republic wrote the magnificent words of the Constitution and the Declaration of Independence, they were signing a promissory note to which every American was to fall heir. This note was a promise that all men, yes, black men as well as white men, would be guaranteed the unalienable rights of life, liberty, and the pursuit of happiness.

It is obvious today that America has defaulted on this promissory note insofar as her citizens of color are concerned. Instead of honoring this sacred obligation, America has given the Negro people a bad check, a check which has come back marked "insufficient funds." But we refuse to believe that the bank of justice is bankrupt. We refuse to believe that there are insufficient funds in the great vaults of opportunity of this nation. So we have come to cash this check — a check that will give us upon demand the riches of freedom and the security of justice. Now is the time to make real the promises of democracy. Now is the time to rise from the dark and desolate valley of segregation to the sunlit path of racial justice. Now is the time to lift our nation from the quick sands of racial injustice to the solid rock of brotherhood. Now is the time to make justice a reality for all of God's children.

It would be fatal for the nation to overlook the urgency of the moment. This sweltering summer of the Negro's legitimate discontent will not pass until there is an invigorating autumn of freedom and equality. Nineteen sixty-three is not an end, but a beginning. Those who hope that the Negro needed to blow off steam and will now be content will have a rude awakening if the nation returns to business as usual. There will be neither rest nor tranquility in America until the Negro is granted his citizenship rights. The whirlwinds of revolt will continue to shake the foundations of our nation until the bright day of justice emerges.

But there is something that I must say to my people who stand on the warm threshold which leads into the palace of justice. In the process of gaining our rightful place we must not be guilty of wrongful deeds. Let us not seek to satisfy our thirst for freedom by drinking from the cup of bitterness and hatred.

We must forever conduct our struggle on the high plane of dignity and discipline. We must not allow our creative protest to degenerate into physical violence. Again and again we must rise to the majestic heights of meeting physical force with soul force. The marvelous new militancy which has engulfed the Negro community must not lead us to distrust of all white people, for many of our white brothers, as evidenced by their presence here today, have come to realize that their destiny is tied up with our destiny and their freedom is inextricably bound to our freedom. We cannot walk alone.

As we walk, we must make the pledge that we shall march ahead. We cannot turn back. There are those who are asking the devotees of civil rights, "When will you be satisfied?" We can never be satisfied as long as the Negro is the victim of the unspeakable horrors of police brutality. We can never be satisfied, as long as our bodies, heavy with the fatigue of travel, cannot gain lodging in the motels of the highways and the hotels of the cities. We can never be satisfied as long as a Negro in Mississippi cannot vote and a Negro in New York believes he has nothing for which to vote. No, no, we are not satisfied, and we will not be satisfied until justice rolls down like waters and righteousness like a mighty stream.

I am not unmindful that some of you have come here out of great trials and tribulations. Some of you have come fresh from narrow jail cells. Some of you have come from areas where your quest for freedom left you battered by the storms of persecution and staggered by the winds of police brutality. You have been the veterans of creative suffering. Continue to work with the faith that unearned suffering is redemptive.
Go back to Mississippi, go back to Alabama, go back to South Carolina, go back to Georgia, go back to Louisiana, go back to the slums and ghettos of our northern cities, knowing that somehow this situation can and will be changed. Let us not wallow in the valley of despair.

I say to you today, my friends, so even though we face the difficulties of today and tomorrow, I still have a dream. It is a dream deeply rooted in the American dream.

I have a dream that one day this nation will rise up and live out the true meaning of its creed: "We hold these truths to be self-evident: that all men are created equal."

I have a dream that one day on the red hills of Georgia the sons of former slaves and the sons of former slave owners will be able to sit down together at the table of brotherhood.

I have a dream that one day even the state of Mississippi, a state sweltering with the heat of injustice, sweltering with the heat of oppression, will be transformed into an oasis of freedom and justice.

I have a dream that my four little children will one day live in a nation where they will not be judged by the color of their skin but by the content of their character.

I have a dream today.

I have a dream that one day, down in Alabama, with its vicious racists, with its governor having his lips dripping with the words of interposition and nullification; one day right there in Alabama, little black boys and black girls will be able to join hands with little white boys and white girls as sisters and brothers.

I have a dream today.

I have a dream that one day every valley shall be exalted, every hill and mountain shall be made low, the rough places will be made plain, and the crooked places will be made straight, and the glory of the Lord shall be revealed, and all flesh shall see it together.

This is our hope. This is the faith that I go back to the South with. With this faith we will be able to hew out of the mountain of despair a stone of hope. With this faith we will be able to transform the jangling discords of our nation into a beautiful symphony of brotherhood. With this faith we will be able to work together, to pray together, to struggle together, to go to jail together, to stand up for freedom together, knowing that we will be free one day.

This will be the day when all of God's children will be able to sing with a new meaning, "My country, 'tis of thee, sweet land of liberty, of thee I sing. Land where my fathers died, land of the pilgrim's pride, from every mountainside, let freedom ring."

And if America is to be a great nation this must become true. So let freedom ring from the prodigious hilltops of New Hampshire. Let freedom ring from the mighty mountains of New York. Let freedom ring from the heightening Alleghenies of Pennsylvania!

Let freedom ring from the snowcapped Rockies of Colorado!

Let freedom ring from the curvaceous slopes of California!

But not only that; let freedom ring from Stone Mountain of Georgia!

Let freedom ring from Lookout Mountain of Tennessee!

Let freedom ring from every hill and molehill of Mississippi. From every mountainside, let freedom ring.

And when this happens, When we allow freedom to ring, when we let it ring from every village and every hamlet, from every state and every city, we will be able to speed up that day when all of God's children, black men and white men, Jews and Gentiles, Protestants and Catholics, will be able to join hands and sing in the words of the old Negro spiritual, "Free at last! free at last! thank God Almighty, we are free at last!"
"Help! I’m supposed to lead a PACT" (Session 2)
Leadership Development Training
Sponsored by the Minneapolis PACT Education Committee

**February 20 (repeated on February 21), 2013**

**Location:** Feb 20: 1B102 (1:00pm-3:00pm), Feb 21: 3B137 (10:00am-noon)
Minneapolis VA Medical Center

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Greg L. Stewart, PhD
Team and Formative Evaluation Core Leader, VISN23 PACT Demonstration Laboratory
Henry B Tippie Research Professor of Management, University of Iowa
gregory.stewart2@va.gov
Objectives:

Upon completion of this series, participants will be able to:

1. Discuss ways leaders influence others.
3. Identify and describe their personal leadership style and its' strengths and challenges.
4. Describe elements of an inspiring team vision.
5. List ways to help others stretch.
6. Describe strategies for building follower confidence and accessing the power residing in teams.
7. Discuss why leadership needs to adapt to match situations.
Dimensions of Leadership

- Power Orientation
  - Autocratic
  - Democratic
- Involvement in Details
  - Active
  - Passive

Leadership's Effect on Teams

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<th>Coercive Leadership</th>
<th>Power Building Leadership</th>
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<td>Leader Behaviors:</td>
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<td>Coercion, Environmental Obligation, Reassignment, Culture Building Team Behavior: Learning, Skill Development Outcome: Self-managing Teams (Team control is self-managing)</td>
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<table>
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<th>Empowering Leadership</th>
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<tr>
<td>Leader Behaviors:</td>
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<tr>
<td>Modeling, Encouraging, Supporting Team Behavior: skal Support, Ownership Outcome: Self-leading Teams (Teams control what work is and how it is done)</td>
<td></td>
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</tbody>
</table>

A Key to Leadership

- Helping others learn to lead themselves requires something other than being passive

Power Building Is Empowering

Transition from active democratic leadership to passive democratic leadership
A Key to Leadership

1. Leaders can help followers take ownership, be motivated, cooperate, and innovate by helping the followers experience

   INTERNAL DESIRE TO ACT

   Which occurs when actions express authentic interests and values

A Key to Leadership

2. Leadership actions should be tailored to fit the follower reaction that is desired

   Strong Man
   Transactional
   Transformational
   Empowering

   What do you want followers to do?

A Key to Leadership

3. Influence is best maintained by

   PERSON-BASED POWER &
   SOFT INFLUENCE TACTICS

   Which are methods that allow individuals to retain volition over their own actions
A Key to Leadership

- Effective leaders connect with and transform followers

1. Show confidence without self-interest
2. Create vision of the bigger picture
3. Hold others to high expectations
4. Take a genuine interest in others

Followers take action because of a desire to improve.

A Key to Leadership

- Guide followers by creating and communicating a clear vision

1. Keep it simple
2. Make it believable
3. Link it to core values

Followers take action because they see clear possibilities.

Discussion

- What leadership lesson or principle have you found helpful on the job?
- What things have made it difficult to apply leadership concepts in your job?
- Is there anything that could help you better apply the leadership principles?
- What might be included in future training to improve leadership?
Which Relationships are Strong?

- Smoking & Lung Cancer
- Lead Exposure & Children’s IQ
- Asbestos & Cancer
- Homework & Academic Achievement
- Calcium Intake & Bone Mass
- Media Violence & Aggression

Social Cognitive Theory

- Behavior is filtered through thought
- Not on auto-pilot
- People learn from observing others
- People learn through reflection
- People have self-regulatory capacity

The Self-Regulation Cycle
The Self-Regulation Cycle

Levers to Facilitate Self-Leadership in Others

- Increasing self-efficacy
  - Building Up
- Raising internal standards
  - Goal Setting
- Increasing commitment
  - Rewards
- Increasing accuracy of perceptions
  - Feedback
  - Not by trying to control behavior directly

Sources of Self-Efficacy

- Verbal Persuasion
  - Tell them they can do it!
- Models
  - Show them that they can do it!
- Direct Experience
  - Have them actually do it!
A Key to Leadership

- Building up activities help people develop a sense of confidence

  Success comes from Positive Beliefs

  Tell them, show them, let them succeed

Expectancy Theory

Behavior ---- Performance ---- Reward

Expectancy  Instrumentality  Valence

Motivation is a function of beliefs

Money as a Motivator

- When has money worked to motivate you?
  - What factors made you work harder?
  - Was it you (internal) or something about the setting (external)?

- When has money failed to motivate you?
  - What is the difference from when you were motivated?
  - Was the problem with the giver or with you?
Using Rewards to

• Control Details
• Make winners and losers
• Control Behavior

  • Negative
  • Positive

• Highlight what is important
• Empower followers to focus on results

A Key to Leadership

• Rewards increase resolve to bring behavior into alignment with desired states

  Empower rather than control

  Transactional leadership has a place but is best when used as part of empowerment

Goals are best when....

• When they are clear, specific, and easily understood
• They are moderately difficult
• They are accepted by team members
• When team members are committed to them
Goals and Teams

- Goals for individual members can harm team performance.
- Group-level goals facilitate performance.
- Individual-level goals can often harm.
- Individual goals can be helpful if they are "groupcentric".
- Best practice is to combine "groupcentric" individual goals with a group goal.

A Key to Leadership

- Goals help people increase desire to achieve an improved state.
  - Focus Attention
  - Energize
  - Persistence
  - Exploration

Make sure goals focus on teams rather than individuals.

Does Feedback Matter?

Feedback Does Matter
But 1/3 of Time it Results in Decreased Performance
Why?
Effects of Positive and Negative Feedback

Continuous Improvement Goals? Yes → Increased Motivation
No → Decreased Motivation

Perception of Personal Capability? Yes → Increased Motivation
No → Decreased Motivation

Key Lessons About Feedback

• Self-confidence is key
• Focus Attention on task rather than person
• Use in conjunction with specific goals

Giving & Receiving Feedback

• Realize that is not always that easy
  • Do your homework
  • Don’t skirt the issues
  • Rehearse events
  • Keep notes of specific behaviors

• Giving Feedback
  • Focus on issues and behaviors
  • Be objective; not value-laden
  • Reduce emotional content; keep voice tones civil
  • Listen too

• Receiving Feedback
  • Listen & paraphrase
  • Seek additional information
A Key to Leadership

- Feedback helps people develop more accurate perceptions of their states

  Positive linked to goals
  Negative without personalization

  Best when it is objective without emotion
APPLYING THE LESSONS

1. What are two or three areas where I could build the confidence of other member of my PACT team?

2. What can I do to make rewards less controlling?

3. What are two or three group goals that I could help my team develop?

4. What are some “groupcentric” goals that I could encourage for members of my PACT team?

5. How can I improve the way I give feedback to other members of my PACT team?
"Help! I'm supposed to lead a PACT" (Session 3)

Leadership Development Training
Sponsored by the Minneapolis PACT Education Committee

May 8 (repeated on May 9), 2013

May 8 (1:00pm-3:00pm), May 9 (10:00am-noon)
Minneapolis VA Medical Center

Wed    Thur
1:00    10:00  Welcome, Introductions, Training Overview
1:05    10:05  Completion of Self-Assessment
1:15    10:15  A Contingent Perspective of Leadership
2:00    11:00  Leadership as Structuring Tasks
2:20    11:20  Leadership as Building Relationships
2:50    11:50  Review of Sessions and Leadership Lessons
3:00    12:00  Adjourn

Greg L. Stewart, PhD
Team and Formative Evaluation Core Leader, VISN23 PACT Demonstration Laboratory
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Upon completion of this series, participants will be able to:

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6. Describe strategies for building follower confidence and accessing the power residing in teams.
7. Discuss why leadership needs to adapt to match situations.
Contrasting Leadership Styles

12 O'Clock High Movie
- Davenport
- Savage

- What are their leadership actions?
- Which leader is most effective?
- What is the same/different about the leadership situation?

Consideration Dimension of Leadership

- Leader creates mutual respect and trust
- Focus is on showing concern for group member needs and desires
- Fosters job satisfaction and loyalty

Initiating Structure Dimension of Leadership

- Leader organizes and defines what group members should be doing to maximize output
- Focus is on getting things done
- Fosters goal achievement
Fiedler's Contingency Model

Situational Leadership Theory

A Key to Leadership

- Match leadership efforts to task types and follower readiness

Task focus works in really good or really bad situations

Empowered leadership requires follower maturity
Types of Interdependence

POOLED INTERDEPENDENCE

SEQUENTIAL INTERDEPENDENCE

RECIPROCAL INTERDEPENDENCE

Interdependence and Tasks

<table>
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<tr>
<th>Interdependence</th>
<th>Task Characteristics</th>
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<tbody>
<tr>
<td>Reciprocal</td>
<td>Creative tasks</td>
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<tr>
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<td>Diverse inputs that need coordination</td>
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<tr>
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<td>Dynamic work</td>
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<tr>
<td>Sequential</td>
<td>Standardized tasks</td>
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<td>Easily broken into subtasks</td>
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<td></td>
<td>Routine work</td>
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<tr>
<td>Pooled</td>
<td>Tasks without need for coordination</td>
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<td>Motivated as individuals, not groups</td>
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Plots for Relationships with Team Performance
A Key to Leadership

- Effective leaders match levels of interdependence to task needs

  Creative tasks require either individuals or fully functioning teams
  Mundane tasks are facilitated with assembly line processes

Is conflict in teams good or bad?

2 Types of Conflict

- Relational Conflict
  - attitudes, name calling, grudges, friction
  - causes anxiety & stress, wastes effort, escalates
  - is a self-fulfilling prophecy

- Task Conflict
  - content & goals of work, ideas, opinions
  - creates diverse ideas & good decisions, allows everyone to participate
  - is best if it is not too drawn out
Issues with Conflict
- Relationship conflict is harmful
- Norms that discourage relationship conflict from escalating are usually best in work groups
- Task conflict has a curvilinear relationship with performance
- Norms should encourage some task conflict

Task Conflict Can Become Relationship Conflict
- Misattribution is the problem
  - People perceive attacks as personal rather than issue-based
  - Trust is the key!!
- Methods of discussing points can be negative
  - Loud voices and attacks harm relationships
  - Positive methods of discussing issues

A Key to Leadership
- Leaders manage task and relationship conflict.

  Progress at the expense of relationships is often not really progress

  Moderate task conflict facilitates performance

  Trust is key!
LEAST PREFERRED COWORKER MEASURE

Think of the person with whom you can work least well. He or she may be someone you work with now or someone you knew in the past. That person does not have to be the person you like least but should be the person with whom you had the most difficulty in getting a job done. Describe this person as he or she appears to you by circling the appropriate number for each of the following items.

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57, 58-63, 64
"Help! I'm supposed to lead a PACT"
Leadership Development Training

Session #3: Contingent Leadership
May 8 and 9, 2013

EVALUATION

Please indicate (with an "x" or check) your level of agreement with the following statements:

Participating in this learning session..................

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<td>Clarified when different leadership approaches are most effective</td>
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<tr>
<td>Provided insight about task and social approaches for leadership</td>
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<tr>
<td>Provided a useful framework for assessing causes of team conflict</td>
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<tr>
<td>Makes me want to learn more about being an effective leader</td>
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</table>

• List something that you learned today that you will consider applying to your work as a PACT leader next week.

• What part of this workshop was most useful for you?

• Is there something you would change about this learning activity?
LEADERSHIP TRAINING PROGRAM EVALUATION

The following questions apply to the three leadership sessions conducted by Dr Greg Stewart. Please mark the answers that best reflect your participation in the training sessions.

Did you attend the first leadership session in October that was face-to-face and introduced different models of leadership (Strong Man, Transactional, Transformational, and Empowering)?

Yes No

Did you attend the second leadership in February that discussed empowering leadership?

Yes No

Please indicate (with an "x" or check) your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strong AGREE</th>
<th>DISAGREE</th>
<th>NEUTRAL</th>
<th>AGREE</th>
<th>Strong AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have been able to apply many of the leadership concepts in my daily work</td>
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<tr>
<td>I am a more effective leader because of the leadership training sessions</td>
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<tr>
<td>The concepts taught during the leadership training sessions have helped me do my job more effectively</td>
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What have you found most beneficial about the 3 Leadership Training Sessions?

What would you change about the 3 Leadership Training Sessions?
PACT Training: Session 4

Module 1: Introduction

Total time allotted: 30 minutes

Goal /Brief Description
Understand and apply transformational principles into integrated healthcare.
Understand how successful application of the Core Behaviors will facilitate transition to personalized, proactive, patient-driven, integrated care.

Key Messages: (what do you expect the participants to walk away with at the end of the module?)
- Core Behaviors are the foundational elements that lead to meaningful experiences and outcomes.
- Veterans are dependent upon our system coming together to address their needs.
- Change is continuous. Teams must know how to change and redesign what they do.
- An integrated approach to care:
  1) Comprehensively assesses the needs and values of the veteran
  2) Identifies and works with internal and external resources
  3) Offers ready access between and among all dimensions of care
  4) Integrates healthy living messages throughout the lifecycle
  5) Expands team capacity through alternative resources, modalities, methods
  6) Relies on team effectiveness and partnerships

Activity #1: Welcome and Housekeeping

Time Allotted: 5 minutes

Leaders begin with a short welcoming statement and request that teams sit together during the entire meeting, unless directed otherwise. Restroom locations, agenda for the day, parking issues and lunch menus may be addressed during this time.
Activity #2: Introductions

Time Allotted: 5 minutes

A brief round of faculty introductions; followed by asking teams to identify their team members, area of practice, and duty station.

Activity #3: Ice Breaker (optional)

Time Allotted: 5 minutes

Ice Breaker activities serve two purposes. First, they allow participants to ‘step out’ of their usual roles at work and second, they allow the group members to relax a bit while engaging in a light-hearted activity. Ice Breakers should feel ‘benign’ to those involved. They should be short and easy to lead. Feel free to use this one, or substitute another activity as desired.

Word Search—“Transformation”:

Each PACT team will find as many words as possible from the word ‘Transformation’. All words are to be:

1. Greater than 3 letters
2. No use of the letter ‘S’ for the 3rd letter
3. No pronouns
4. No abbreviations

Activity #4: Video Presentation

Time allotted: 20 minutes

Description:

Previous sessions were focused on understanding and implementing PACT principles. Session 4 expands the focus toward understanding the broader range of transformational initiatives, and how they integrate into clinical practice.

Dr. Christie Emler and Dr. James Putman offer a brief overview of the VHA primary care transformation to a patient driven, integrated care delivery system. The mission of each transformational initiative is also described as the key areas of focus throughout this training session.
<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am – 8:30am</td>
<td>Welcome and Introduction</td>
</tr>
<tr>
<td></td>
<td>• Introductions/Agenda Review</td>
</tr>
<tr>
<td></td>
<td>• Integrated Transformation Overview</td>
</tr>
<tr>
<td>8:30am – 10:00am</td>
<td>PCC &amp; Prevention</td>
</tr>
<tr>
<td></td>
<td>• Personalized, proactive, patient-driven plan</td>
</tr>
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<td></td>
<td>• Components of Health and Well-Being</td>
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<td></td>
<td>• Patient Partnerships/Personal Health Inventories</td>
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<tr>
<td>10:00am – 10:15am</td>
<td>BREAK</td>
</tr>
<tr>
<td>10:15am – 11:45am</td>
<td>PCC &amp; Prevention</td>
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<tr>
<td></td>
<td>• Integration of prevention into care</td>
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<td>• Healing communications / deep listening</td>
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<td>• SMART goals</td>
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<tr>
<td>11:45am – 12:45pm</td>
<td>LUNCH (on your own)</td>
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<tr>
<td>12:45 – 1:30 pm</td>
<td>Patient Scenarios</td>
</tr>
<tr>
<td>1:30-pm – 2:15pm</td>
<td>Population Management</td>
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<td></td>
<td>• Population Identification/Special Populations</td>
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<td></td>
<td>• Patient Self-Management</td>
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<td>• Service Integration with VHA and Community</td>
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<tr>
<td>2:15pm – 3:15pm</td>
<td>Access</td>
</tr>
<tr>
<td></td>
<td>• Access among clinics</td>
</tr>
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<td></td>
<td>• Care Coordination Agreements</td>
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<tr>
<td>3:15pm – 3:30pm</td>
<td>BREAK</td>
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<tr>
<td>3:30pm – 4:30pm</td>
<td>Access</td>
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<tr>
<td></td>
<td>• Managing perceptions</td>
</tr>
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<td>• Leveraging tools / team members</td>
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</tbody>
</table>
### DAY 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
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<tbody>
<tr>
<td>8:00am – 8:15am</td>
<td>Recap of Day 1</td>
</tr>
<tr>
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<td>Mindfulness Activity</td>
</tr>
<tr>
<td>8:15am – 9:15am</td>
<td>Team Effectiveness</td>
</tr>
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<td></td>
<td>• Team Effectiveness Survey</td>
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<td>• Team Development Exercises</td>
</tr>
<tr>
<td>9:15am – 9:30am</td>
<td>BREAK</td>
</tr>
<tr>
<td>9:30am – 10:15am</td>
<td>Team Functions/Scenarios</td>
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<tr>
<td></td>
<td>• Functioning in an integrated system</td>
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<td>• Partners in Care</td>
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<td>• Team dynamics</td>
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<tr>
<td>10:15am – 11:30pm</td>
<td>Content Review</td>
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<td></td>
<td>Review of Team Aims</td>
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<td>Wrap-Up/Planning Next Steps</td>
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<tr>
<td>11:30am</td>
<td>ADJOURN</td>
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Proposal for LMS Module

Re-thinking Health Care Delivery

PACT Patient Aligned Care Team
(formally known as PCMH)
VETERANS HEALTH ADMINISTRATION (VHA) MISSION STATEMENT
Honor America's Veterans by providing exceptional health care that improves their health and well-being.

VETERANS HEALTH ADMINISTRATION (VHA) VISION STATEMENT
VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the Nation's well being through education, research and service in national emergencies.
**Measurement Strategy**

- Describes key measures that will be used to track improvement
- Aligns with the Core Change Concepts and your AIM statements

---

**VISN 23 PCMH**

**Compass of Measures**

<table>
<thead>
<tr>
<th>Panel Management</th>
<th>Patient Engagement and Satisfaction</th>
<th>Continuity</th>
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</thead>
<tbody>
<tr>
<td>Access</td>
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<tr>
<td>Coordination</td>
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<tr>
<td>Clinical Improvement</td>
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</table>

**Panel Management**
- Accessible data availability
- Timeliness
- Wait time
- Previsit preparation
- Breach notification

**Patient Engagement and Satisfaction**
- VISN 23 HHS Experience Survey (3 questions)
- BEP Score (Patient and Staff)
- Patient-Centered Medical Home (PCMH) Accreditation
- Patient feedback via evaluation
- IPA

**Continuity**
- Minimum 2 visits within 12 months
- 10 or more visits
- 12 or more visits
- Patient-scheduled appointments
- Same-day service

**Access**

**Coordination**

**Clinical Improvement**

Bold lettering indicates a required VISN 23 PCMH Core Measure.
VISN 23 PCMH Core Measures

1. V23 Patient Experience Survey - "Thinking about your most recent clinic visit, how would you rate the visit overall?"
2. V23 Patient Experience Survey - "In general, how would you rate your overall health?"
3. Provider Continuity - % visits with assigned PCP
4. Access - 3rd next available appointment
5. Team contacted within 48 hrs. of admission
6. Patient contacted within 48-72 hrs. of discharge
7. Clinical Improvement - Selected clinical indicators/reminders
8. Direct Cost per SSN (annualized)
9. Medical Home Builder Assessment Scores
10. Team Development Measure Score

Panel Management

- Panel size
- Panel capacity
- Team/FT staff
- Staff turnover rate
- PCMH Team setup
Patient Engagement and Satisfaction
- V2K PE Experience
- Survey completion
- SEP patient satisfaction
- Patient experience/Patient Advocacy
- Involving people in their care
- "I like..."

Continuity
- Patient view: % visits with my assigned PCP
- % same PCP with longer.
- ED visit rate
- Patient longitudinal score in disease.
- Provider view: % of visits by assigned PCP.
Third Next Available

- Third next available appointment method of finding out when the provider’s next available open appointment.
- The theory is that when you see the next available appointment, the provider should have accessibility.
- This is a snapshot of how long it would take to get a patient in to see their primary care provider.

Coordination

- Admission rate
- Specialty referral rates
- Team contacted within 48 hrs of admission
- Patient contacted within 48-72 hrs of discharge
- Consult tracking
Clinical Improvement
(1) Good outcomes (2) Patient Centered
(3) Patient Driven (4) Team Approach
(5) Proactive, Not Reactive
(6) Working at the Top of Your License and Competency
(7) Within Scope
(8) Enhanced Communication
(9) Collaboration
(10) Working Smarter Not Harder
(11) Increased Access for Non Face to Face Visits (Phone, Secure Messaging, Mail)
Expectations for Team Members

- Attend all Learning Sessions
- Participate in scheduled Action Period calls
- Submit Team Reports
- Set aims, create/implement action plans to achieve goals
- Perform tests of change leading to process improvements
- Share information among the PCMH Collaborative teams and with local SL and VAMC Leadership
- Serve as agents to spread the knowledge to other teams locally
- Measure your progress

High Performing Teams

- Clear Roles and Responsibilities
- Clear, valued, and shared vision
- Optimize Resources
- Strong Team Leadership
- Engage in regular feedback (Situation Monitoring)
- Strong sense of collective trust, team identity, and confidence (Mutual Support)
- Collaboration and Communication

Customize for your Teamlet based on:
- Needs of your patients
- Structure of your Teamlet
- Your local resources
Patient Roles and Responsibilities

- Actively engaged in personal plan of care
- Notify health care team of communication preference (mail, email, phone etc.)
- Schedule and keep appointments
- Arrive on time
- Bring correct ID to appointments
- Update team with demographic, insurance, medication and condition changes
- Bring medications
- Utilize My Healthview
- Contact team with problems
- Complete and submit required paperwork
- Complete the personal health risk assessment
- Complete tests and procedures in a timely manner
- Provide input in committees, patient advisory groups, surveys and task forces
Provider (MD, NP, PA)
Roles and Responsibilities

- Handles, focusing on complex patients
- Utilizes motivational interviewing to guide patients to establish goals
- Refers to specialty consultants as appropriate
- Annual history and physical
- Develops, evaluates, and manages medical treatment plan throughout all stages: prevention and wellness, acute illnesses, chronic illnesses, and end-of-life, focusing on complex and higher level management patients
- Reviews and follows up on diagnostic test results
- Ensures appropriateness of CCM, HNC, etc.
- Performs final medication reconciliation
- Hand off communication to and from primary care and specialty/emergency department or inpatient provider
- Reviews non-VA records
- Complete clinical summaries

RN Care Manager
Roles and Responsibilities

- Promotes evidence-based patient-driven care
- Identify, educate, and coach to support self-management, prevention, and wellness, based on patient's goals
- Uses Motivational Interviewing to guide patients to establish goals
- Smoothes transitions by collaborating with interdisciplinary services, internal and external to the VA
- Identifies high risk populations/chronic disease tracking and patients that could benefit from CCM, HNC, GIP/GIP, palliative care, hospice, etc.
- Collaborates with key members of expanded team: Health Promotion Disease Prevention Program Manager, Health Behavior Coordinator, MOVE Coordinator, Women's Health and others
- Links the patient with services, resources, and opportunities based on the patient's needs
RN Care Manager
Roles and Responsibilities Cont...

- Perform scheduled clinic visits, walk-in or urgent visits (Triage),
group visits, and telephone visits
- Place orders according to protocol
- Clinical reminders (pertinent)
- Promotes access with non face-to-face visits when
  appropriate
- Answers patient calls, triage messages
- Preceptor or mentor to colleagues and/or students
- Coordinates care (procedures, labs, transitions, teaching,
patient visits and needs
- Triage patient walk-ins

Clinical Associate (HT, MSA, PSA)
Roles and Responsibilities

- Appointment check-in
- Appointment scheduling including EWL and Recall
- Manages telephone demand (receiving and documenting)
- Assists with daily schedule review
- Arranges transportation for patients
- Data entry and retrieval
- Office management, filing, scanning, filing, mail management,
  identity/prepare required forms, etc.
- Obtains medical records and test results from non-VA providers
- Initial point of contact (first impression) – Customer service
- Addresses customer service concerns & coordinating solutions
Clerical Associate (HT, MSA, PSA)
Roles and Responsibilities Cont...
- Hand-off communication
- Assists with updating and verifying demographics and insurance information
- Manages office supplies & setup
- Prepare paperwork for Veteran and/or PCE
- Coordinates information exchange for dual care
- Pre-visit patient reminder calls (coordinated with TeamNet)
- Data collection from registries
- MyHealth tool enrollment and in-person authentication
- Specialty consult and encounter completion tracking

Clinical Associate (HT, LPN/LVN)
Roles and Responsibilities
- Focuses on clinic visits, exams, and treatments with provider
- Uses motivational interviewing and health coaching to guide patients
- Reviews daily schedules for patient care needs
- Assists with medication reconciliation
- Performs vital signs and treatments
- Assists providers with exams/procedures
- Appropriate clinical reminders
- Administers/tracks immunizations (LPN/LVN)
- Prepares and administers medications
- Completes orders per provider or protocol
- Keeps provider on schedule
Clinical Associate (HT, LPN/LVN)
Roles and Responsibilities Cont...

- Ensures visit closure by confirming required pt.
education and orders have been
processed/completed
- Appointment scheduling including EWL and Recall
- Pre-visit contacts
- Observes, records, and reports patient's response or changes
  in patient's condition
- Promptly recognizes and responds to urgent or emergent
  situations
- Assists with orientation: PACT patient orientation and new
  staff/affiliate orientation
- Assists with messages from patients and face-to-face visits
- Coordinates group visits
- Checks daily equipment/supplies and restock
- Practices per protocols and follows medical center policies

PACT Neighborhood

- Neighbors add richness and diversity to the
  PACT neighborhood
- These good neighbors are available to support the PACT:
  - Call Center
  - Nutrition Service
  - Mental Health
  - Pharmacists
  - Social Workers

"It's a wonderful day in the neighborhood..."
Patient Aligned Care Teams
VA's PACT with Veterans

- Defining EXCELLENCE in the 21st Century involves every VA employee who must:
  - Ensure that each Veteran is the center of VA care
  - Make a PACT with each Veteran to become a member of a Patient Aligned Care Team
  - Help advance change and improvement in VA
  - "Be the Change You Want to See"

If All Our Team Were...

What if all our teams were diverse:
How plain our teams would seem.
No common truth or purpose.
And how would our patients feel?
Wouldn't it be a boring place.
If all our teams were the same:
Just one language, culture and chief complaint.
Just one claim to fame.

What if all our teams were doctors:
How plain our teams would seem:
No appointments, notes, or ward's round.
How would diagnosis change to be?
Wouldn't it be a boring place.
If all our teams were the same:
Just one language, culture and chief complaint.
Just one claim to fame.

What if all our teams were clients:
How plain our teams would seem:
No doctors' charts, no providers' care.
How would the patients feel?
And if you said, my fellow team members,
Different though we be:
We are here to help each other, help our patients
I learn from you, and you, from me.
TEACH – One Day Workshop
May 9 or May 10, 2011
8AM – 4:30 PM - Building 9

TEACH is a daylong class designed to facilitate Patient Education and Communication. The Employee Education System (EES) offers continuing education credit. TEACH has an Introductory Module and these five:
- Tune into the Patient
- Explore the Patient’s Concerns, Preferences, and Needs
- Assist the Patient with Behavior Change
- Communicate Effectively
- Honor the Patient as a Partner

More Specifics about TEACH:
*TEACH emphasizes tailored communication to patients and integrates a patient-centered approach to health education.

*TEACH provides clinicians the strategies needed to open discussions about health issues concerning life-style changes like eating for health, starting to exercise, quitting smoking and additional behaviors needed to prevent the onset of illness

*TEACH also offers techniques to help patients move to the next stage of change.

*Participants have the opportunity to reflect on changes they have tried to make themselves and what helped or hindered them in that process. They use this experience to focus on the challenges patients face and the most effective supportive strategies to help people change to healthier lifestyles.

Limited to 25 participants
PACT Team members have priority
Supervisors approval required
Register on LMS: Item # is VA 1370682